

Residential Habilitation and Support

Billing

Table 1 – Description of Billing and Reimbursement for Residential Habilitation and Support Services

Procedure Code and Modifier	INsite Code	Procedure Code Description	Reimbursement/Unit Measurement Methodology	Waivers
T2016 U7 U5 UA T2016 U7 U5	RH1O RH2O	Residential Habilitation and Supports	Based on an approved NOA Daily rate	AU, DD

Service Definition

Residential Habilitation and Support Services provide up to a full day (24-hour basis) of services and/or supports which are designed to ensure the health, safety and welfare of the participant, and assist in the acquisition, improvement, and retention of skills necessary to support participants to live successfully in their own homes.

Billable either as:

- Intermittently, for 35 hours or less per week of RHS, OR
- Greater than 35 hours per week of RHS

Allowable Activities

RHS includes the following activities:

- Direct supervision, monitoring and training to implement the Individualized Support Plan (ISP) outcomes for the participant through the following:
 - Assistance with personal care, meals, shopping, errands, chore and leisure activities and transportation (excluding transportation that is covered under the Medicaid State Plan)
 - Coordination and facilitation of medical and non-medical services to meet healthcare needs, including physician consults, medications, development and oversight of a health plan, utilization of available supports in a cost effective manner and maintenance of each participant's health record
 - Assurance that direct service staff are aware and active individuals in the development and implementation of ISP and Behavior Support Plans

May be used in conjunction with Transportation Services only when 35 or fewer hours per week of RHS are utilized

Service Standards

- Services must address needs identified in the person centered planning process and be outlined in the Individualized Support Plan (ISP)
- Residential Habilitation and Support services should complement but not duplicate habilitation services being provided in other settings
- Services provided must be consistent with the participant's service planner

Documentation Standards

- RHS documentation must include:

- Services outlined in Individualized Support Plan
- Data record of staff-to-consumer service documenting the complete date and time entry (including a.m. or p.m.) All staff members who provide uninterrupted, continuous service in direct supervision or care of the participant must make one entry. If a staff member provides interrupted service (one hour in the morning and one hour in the evening), an entry for each unique encounter must be made. All entries should describe an issue or circumstance concerning the participant. The entry should include complete time and date of entry and at least the last name, first initial of the staff person making the entry
- If the person providing the service is required to be professionally licensed, the title of that individual must also be included. For example, if a nurse is required, the nurse's title should be documented.
- Any significant issues involving the participant requiring intervention by a Health Care Professional, Case Manager or BDDS staff member that involved the participant are also to be documented
- Monthly reporting summaries are required
- Documentation in compliance with 460 IAC 6

Limitations

Activities Not Allowed

Reimbursement is not available through RHS in the following circumstances:

- Services furnished to a minor by the parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant's spouse
- Services to individuals in Adult Foster Care or Children's Foster Care
- Services that are available under the Medicaid State Plan
- Services furnished to an adult participant by a parent, step-parent and/or guardian, may not exceed 40 hours per week total. The total includes the summation of any residential habilitation services that are rendered in any combination by parents, step-parents and/or guardians.

Additionally:

- Providers may not bill for RHS reimbursement for time when staff/paid caregiver is asleep. Only awake, engaged staff can be counted in reimbursement. (A team may decide that a staff or contractor may sleep while with a participant, but this activity is not billable.)
- Providers may not bill for RHS reimbursement during the time when a participant is admitted to a hospital. (The care and support of a participant who is admitted to a hospital is a non-billable RHS activity.)
- RHS and Electronic Monitoring services are not billable during the same time period.
- Intermittent use of RHS may not exceed thirty-five (35) hours of service per week
- RHS may not be used in conjunction with Transportation Services when 35 hours or more of RHS are utilized per week

Licensure and Certification

Table 2 – Provider Licensure and Certification Table for Residential Habilitation and Support

Waiver	Provider	Licensure	Certification	Other Standard
AU, DD	DDRS Approved RHS Agencies			DDRS Approved 460 IAC 6-10-5 Criminal Histories,

				<p>460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status, 460 IAC 6-5-24 Qualification for RHS, 460 IAC 6-14-5 Direct Care Staff Qualifications, 460 IAC 6-14-4 Staff Training, 460 IAC 6-5-14 Health Care Coordination Services provider, RN and LPN staff must meet IC 25-23, and Transportation Requirements</p> <p>Must comply with BDDS RHS Service Standards and Guidelines</p>
AU, DD	DDRS Approved RHS Individuals			<p>DDRS Approved 460 IAC 6-10-5 Criminal Histories, 460 IAC 6-12 Insurance, 460 IAC 6-11 Financial Status, 460 IAC 6-5-24 Qualification for RHS, 460 IAC 6-14-5 Direct Care Staff Qualifications, 460 IAC 6-14-4 Staff Training, 460 IAC 6-5-14 Health Care Coordination Services provider, RN and LPN staff must meet IC 25-23, and Transportation Requirements</p> <p>Must comply with BDDS RHS Service Standards and Guidelines</p>

Documentation Examples

Principles:

- You cannot bill for a consumer who is not receiving services
- You can never bill for more hours than were worked by staff
- You can never bill for more hours than the consumer had available
- All other documentation standards apply

The examples below are provided to show acceptable methodologies and are not intended to be the only methodologies that may comply with the basic documentation principles discussed above.

Background Information for Examples 1, 2 and 3

Consumer A is an Algo 3
Consumer B is an Algo 4
Consumer C is an Algo 5

They all live together. In a normal month Consumer A is in Day Services 6 hours a day, Consumer B is at work 5 hours a day, and Consumer C is in Day Services 2 hours a day.

We will use Feb as our sample month for ease.

Example 1

Consumer A is in the home 552 hours
Consumer B is in the home 572 hours
Consumer C is in the home 632 hours

Consumer A's residential habilitation budget is for 218.4 hours for the month
Consumer B's residential habilitation budget is for 282.8 hours for the month
Consumer C's residential habilitation budget is for 308 hours for the month

Example 2

The provider had staff onsite for the month equivalent to 28 hours a day or 784 hours.

In this case, Consumer A would be charged for 211.6, Consumer B 273.99, and Consumer C 298.41.

If Consumer C had been in the hospital for two weeks, and during that time the provider went to 24 hours of staffing and was at 28 hours for the remaining two weeks, the billing would be as follows:

Consumer A 196.48
Consumer B 254.42
Consumer C 277.09

Example 3

If Consumer C was out of the home for the entire month, the provider staffed 24 hours per day and did not receive a BMR, the billing would be as follows:

Consumer A 218.4
Consumer B 282.8
Consumer C 000.0

Background Information for Examples 4 and 5

If three consumers live together and their daily RHS allocations are as follows:

Consumer A 12 hours
Consumer B 8 hours
Consumer C 4 hours

Total staff present at any one time is 1. A staff person is present at all times.

Consumer A and B go to day services 6 hours a day 5 days a week. Consumer C goes once a week for 2 hours. None of the consumers would be billed for time spent in day services.

Example 4

Consumer A is in the home for 166 hours a week. Their NOA is for 84 hours a week.
Consumer B is in the home for 112 hours a week. Their NOA is for 56 hours a week.
Consumer C is in the home for 112 hours a week. Their NOA is for 28 hours a week.

The consumers would be billed as follows:

Consumer A 84 hours
Consumer B 56 hours
Consumer C 28 hours

Example 5

Same three consumers, but Consumer A goes home with their family for the weekend. Consequently they are only in the home for 118 hours. This would not change the billing.